

Part A - Identification

Project Address (Please Print in Blue or Black Ink Only)			Floor / Suite / Unit / Bldg / Lot
Owner - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contractor - Name (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
Contact Person (Print)	Street Number & Name	City / State / Zip Code	Phone No / FAX No
E-mail Address			

Part B - Main Use Of Primary Building On Property. (Office, Residential, Mercantile, Restaurant, Etc)

Current Use	Number of Dwelling Units
Proposed Use	Number of Dwelling Units
Building Permit Number: _____ Previous Plumbing Permit # for additional fixtures: _____	

Part C - Description of Work

Number of Fixtures Piped and Installed Water Closet: <input type="checkbox"/> Sink, Kitchen, Bar, Etc: <input type="checkbox"/> Washing Machine: <input type="checkbox"/> Water Softener: <input type="checkbox"/> Lavatory: <input type="checkbox"/> Disposal: <input type="checkbox"/> Floor Drain: <input type="checkbox"/> Backflow Preventer: <input type="checkbox"/> Bath Tub: <input type="checkbox"/> Dishwasher: <input type="checkbox"/> Water Heater: <input type="checkbox"/> Roof Drains: <input type="checkbox"/> Shower: <input type="checkbox"/> Interceptor: <input type="checkbox"/> Service Sink: <input type="checkbox"/> Drinking Fountain: <input type="checkbox"/> Urinal: <input type="checkbox"/> Laundry Tray: <input type="checkbox"/> Ejector / Sump Pump: <input type="checkbox"/> Other: <input type="checkbox"/>				PERMIT FEES: \$ _____ \$ _____ \$ _____
Number of Fixtures Replaced (No Piping) Water Closet: <input type="checkbox"/> Sink, Kitchen, Bar, Etc: <input type="checkbox"/> Washing Machine: <input type="checkbox"/> Water Softener: <input type="checkbox"/> Lavatory: <input type="checkbox"/> Disposal: <input type="checkbox"/> Floor Drain: <input type="checkbox"/> Backflow Preventer: <input type="checkbox"/> Bath Tub: <input type="checkbox"/> Dishwasher: <input type="checkbox"/> Water Heater: <input type="checkbox"/> Roof Drains: <input type="checkbox"/> Shower: <input type="checkbox"/> Interceptor: <input type="checkbox"/> Service Sink: <input type="checkbox"/> Drinking Fountain: <input type="checkbox"/> Urinal: <input type="checkbox"/> Laundry Tray: <input type="checkbox"/> Ejector / Sump Pump: <input type="checkbox"/> Other: <input type="checkbox"/>				
Cost of outside <input type="checkbox"/> storm <input type="checkbox"/> sanitary <input type="checkbox"/> water service piping: \$ _____ Cost of piping inside building not associated with features listed below: \$ _____ Sanitary Tap Permit Number: _____ Storm Tap Permit Number: _____ Total Cost of all Plumbing Work\$ _____				

Part D - Authorizations

The owner or agent of this building and undersigned does hereby certify that the information and statements given on the application, drawings, and inspections are to the best of their knowledge, true and correct. The undersigned further certifies their authorization to grant consent to the inspection by employees of the City of Cincinnati of the described premises at any time when work on those premises is ongoing and hereby grants their consent.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Reviewed By:

Plumbing Plans Exam _____ Date _____

Permit Issued By _____ Date _____

Subtotal: \$ _____

State Fee: \$ _____

Investigation Fee: \$ _____

TOTAL: \$ _____